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Attorneys for Plaintiff

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

ELVIN SCOTT STEVENSON,
a/k/a Scott Stevensen,

Defendant.

No. CR 05-00348 SBA

**PETITION FOR AND WRIT OF
HABEAS CORPUS
AD PROSEQUENDUM**

TO: The Honorable MARIA ELENA JAMES, Magistrate Judge of the
United States District Court of Northern California.

Assistant United States Attorney MERRY JEAN CHAN respectfully petitions this Court
to issue a Writ of Habeas Corpus Ad Prosequendum for the person of prisoner ELVIN SCOTT
STEVENSON, a/k/a Scott Stevensen, whose place of custody and jailor are set forth in the Writ
following. Your petitioner avers that the prisoner is required as the defendant in the above-

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Petition for and Writ of Habeas Corpus Ad Prosequendum
CR 05-00348 SBA

FILED

2005 JUN 27 AM 10:46

RICHARD W. WICKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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entitled matter on June 28, 2005, at 9:00 a.m. before the Honorable Sandra Brown Armstrong, District Judge for the Northern District of California, and therefore petitioner prays that this Court issue the Writ as presented.

DATED: June 23, 2005


MERRY JEAN CHAN
Assistant United States Attorney

SO ORDERED:

DATED: 6-23-05


MARIA ELENA JAMES
United States Magistrate Judge

THE PRESIDENT OF THE UNITED STATES OF AMERICA

TO: FEDERICO ROCHA, Acting United States Marshal, Northern District of California and/or any of his authorized deputies, Jailor, Warden, Sheriff, Santa Rita Jail

GREETINGS

WE COMMAND that on June 28, 2005, you have and produce the body of **ELVIN STEVENSON** who is in your custody in the hereinabove-mentioned institution before the United States District Court in and for the Northern District of California, at 9:00 a.m., in the courtroom of Honorable Magistrate Judge **SAUNDRA BROWN ARMSTRONG**, Courthouse, 1301 Clay Street, Courtroom No. 3, Oakland, California in order that **ELVIN STEVENSON** may then and there appear for initial appearance before the District Court on the Indictment upon the charges that have been filed against him in the above-captioned case, and that immediately after said hearing to return him forthwith to the above-mentioned institution;

IT IS FURTHER ORDERED that should the local or state custodian release from its custody the above-named person, he be immediately delivered and remanded to the United States marshal and/or his authorized deputies under this Writ.

WITNESS, the Honorable **MARIA-ELENA JAMES**, Magistrate Judge of the United States District Court for the Northern District of California.

DATED:

**CLERK, UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

By: 

BRENDA TOLBERT

DEPUTY CLERK

United States Marshals Service Writ Information Sheet

This form should be completed by the Assistant United States Attorney assigned to the case, his/her designee, or the case agent. Refer any questions to the Criminal Section at 415/436-7659.

Prisoner Name: (last, first, middle) STEVENSON, ELVIN SCOTT				Booking, CDC, or USMS #	
Prisoner Aliases:			DOB: 10/9/67		Birthplace:
Sex: Male	Race: Black	Hair: Black	Height: 5'7"	Weight: 205	SSN:
Violation Code: (Title & Section) 18 U.S.C. Section 922(g)				Warrant or Complaint Case #: CR 05-00348 SBA	
Offense: (State Specifically) Possession of Firearm & Ammunition by a Felon					
Facility Name & Location: Santa Rita Jail, 5325 Broder Blvd., Dublin, CA 94568				Facility Contact Person & Phone # (925) 551-6500	
AUSA & Phone #: Merry Jean Chan (510) 637-3703				Case Agent & Phone #: ATF Special Agent Vakiya Few (415) 725-9648	

	YES	NO
Prior felony conviction for _____	<input type="checkbox"/>	<input type="checkbox"/>
Prior prison history <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/>	<input type="checkbox"/>
Conviction of felony against person crime	<input type="checkbox"/>	<input type="checkbox"/>
History of disciplinary problems	<input type="checkbox"/>	<input type="checkbox"/>
Homosexual	<input type="checkbox"/>	<input type="checkbox"/>
Gang Affiliations - name of gang if known _____	<input type="checkbox"/>	<input type="checkbox"/>
Escape Risk	<input type="checkbox"/>	<input type="checkbox"/>
Considered threat to staff or other inmates	<input type="checkbox"/>	<input type="checkbox"/>
State or Local charges pending - Where _____	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Medical Care or Medication	<input type="checkbox"/>	<input type="checkbox"/>

If YES, type of medical care or medication

Special Instructions:

Comments: